

Attachment "B"

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Applicant Form Identifier **Block 1: Header Information**

Need Help?

1. Billed Entity Name
FRANCISCAN SCHOOL2. Billed Entity Number
2056913. Service Provider
Identification Number
(SPIN)Service Provider Name
CenturyLink Central Telephone Co.-North
Carolina(FKA Embarq)

Applicant FCC Form 498 ID



4. Contact Name

5. Contact Telephone Phone

() - ext.

Contact Fax

() -

Contact Email

6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 1962.53**Block 2: Line Item Information Per Funding Request Number**

Need Help?

7. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)
1) <input type="text" value="1028312"/>	<input type="text" value="2793234"/>	<input type="text" value="MONTHLY"/>	<input type="text" value="07/01/2015"/>	<input type="text" value=""/>	<input type="text" value="9812.64"/>	<input type="text" value="20"/>	<input type="text" value="1962.53"/>



Add Line Item

Block 3: Billed Entity Certification

Need Help?

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:



- A. The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.

- ☒ B. The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- ☒ C. The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
- ☒ D. I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
- ☒ E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

Contact Information for Billed Entity Authorized Person:**15. Signature** ☒

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

16. Date 2/27/2017

17. Name JOHN HUGHES
18. Title/Position CONSULTANT
20. Address 1 1829 E Franklin Street
Address 2 Suite 800E
City CHAPEL HILL
State NC
Zip Code 27514 -

19. Phone Number (919) 968 - 4332 ext.
19a. Fax Number (919) 929 - 9074 ext.
19b. Email john@newhopetech.org
19c. Name of Authorized Person's Employer New Hope Foundation

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

OMB Number 3060 - 0856 Form 472

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Applicant Form Identifier

Block 1: Header Information

[Need Help?](#)1. Billed Entity Name
FRANCISCAN SCHOOL2. Billed Entity Number
2056913. Service Provider
Identification Number (SPIN)
Service Provider Name
BellSouth Telecommunications, LLCApplicant FCC Form 498 ID
4. Contact Name
5. Contact Telephone Phone () - ext.
Contact Fax () -
Contact Email 6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 416.52

Block 2: Line Item Information Per Funding Request Number

[Need Help?](#)

7. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)
1) <input type="text" value="1028312"/>	<input type="text" value="2793241"/>	<input type="text" value="MONTHLY"/>	<input type="text" value="07/01/2015"/>	<input type="text" value=""/>	<input type="text" value="2082.60"/>	<input type="text" value="20"/>	<input type="text" value="416.52"/>

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Block 3: Billed Entity Certification

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I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

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- ☒ B. The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service

Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.

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Contact Information for Billed Entity Authorized Person:

15. Signature ☒

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16. Date 2/27/2017

17. Name JOHN HUGHES
18. Title/Position CONSULTANT
20. Address 1 1829 E Franklin Street
Address 2 Suite 800E
City CHAPEL HILL
State NC
Zip Code 27514 -

19. Phone Number (919) 968 - 4332 ext.
19a. Fax Number (919) 929 - 9074 ext.
19b. Email john@newhopetech.org
19c. Name of Authorized Person's Employer New Hope Foundation

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Add BEAR Invoice

Applicant Form Identifier

Block 1: Header Information

[Need Help?](#)1. Billed Entity Name
FRANCISCAN SCHOOL2. Billed Entity Number
2056913. Service Provider
Identification Number (SPIN)
Service Provider Name
AT&T Mobility

Applicant FCC Form 498 ID



4. Contact Name

5. Contact Telephone Phone

() - ext.

Contact Fax

() -

Contact Email

6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 600.00

Block 2: Line Item Information Per Funding Request Number

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7. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)
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1)	<input type="text" value="1028312"/>	<input type="text" value="2793228"/>	<input type="text" value="MONTHLY"/>	<input type="text" value="07/01/2015"/>	<input type="text" value="3000.00"/>	<input type="text" value="20"/>	<input type="text" value="600.00"/>
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- ☒ B. The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service

Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.

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16. Date 2/27/2017

17. Name JOHN HUGHES
18. Title/Position CONSULTANT
20. Address 1 1829 E Franklin Street
Address 2 Suite 800E
City CHAPEL HILL
State NC
Zip Code 27514 -

19. Phone Number (919) 968 - 4332 ext.
19a. Fax Number (919) 929 - 9074 ext.
19b. Email john@newhopetech.org
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Applicant Form Identifier

Block 1: Header Information

Need Help?

1. Billed Entity Name
FRANCISCAN SCHOOL2. Billed Entity Number
2056913. Service Provider
Identification Number (SPIN)
Service Provider Name
Time Warner Cable Business LLC

Applicant FCC Form 498 ID



4. Contact Name

5. Contact Telephone Phone

() - ext.

Contact Fax

() -

Contact Email

6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 1583.52

Block 2: Line Item Information Per Funding Request Number

Need Help?

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1) <input type="text" value="1028312"/>	<input type="text" value="2793222"/>	<input type="text" value="MONTHLY"/>	<input type="text" value="07/01/2015"/>	<input type="text"/>	<input type="text" value="3958.80"/>	<input type="text" value="40"/>	<input type="text" value="1583.52"/>

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Zip Code 27514 -

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